THE AMERICAN PRACTITIONER.

FEBRUARY, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

EXCISION OF THE ANKLE FOR CHRONIC DISEASE OF THE JOINT.

BY L. S. McMURTRY, A.M., M.D.

It was indeed a great advance in surgery which established the practice of removing only the diseased or injured portions of a limb, thereby preserving its function, instead of amputating the whole affected member. This field of surgery is now so diligently cultivated that every important case of resection, whether successful or unsuccessful, is of value in the records of conservative surgery.

It was the privilege of the writer to publish in these pages four years since a successful case of resection of the elbow-joint.* A similar operation upon a joint which has been less frequently excised may be deemed of equal if not greater interest. Indeed the careful record of every case of excision of

*American Practitioner, February, 1876.

the ankle-joint becomes of special importance when we consider the state of surgical opinion in regard to the operation.

There are two anatomical obstacles to the excision of the wrist and ankle which prevent the expectation of those results which obtain after excision of the other joints of the extremities. The first is the tenuity of the soft and vascular parts around these joints, and the second refers to their remoteness, especially the ankle-joint, from the centers of circulation. The case here reported is of special interest when we consider that excision of the ankle for chronic disease of the joint has only recently obtained a place in surgery. Indeed the weight of surgical authority is in the main opposed to the operation except in cases of compound dislocation of the tibia with fractured fibula.

Mr. Timothy Holmes, in his System of Surgery, while treating of this operation uses the following language: "The operation is one on which a wide difference of opinion prevails. There are many surgeons who have never practiced or witnessed the operation; many who are entirely opposed to it on principle, believing amputation at the ankle-joint preferable; others who, after a limited and unsatisfactory experience of it, have abandoned it; and, lastly, others who, like myself, believe that it is very advisable and advantageous in appropriate cases, but believe also that these cases are rare. The cases to which I allude are those in which the disease is of traumatic origin, and the patient in the vigor of life, unaffected by any constitutional malady."

Mr. Bryant, in the last edition of his surgery (1879), says: "Excision may be expected to be successful when the disease is limited to the articular surface of the bones, and it is in such that the treatment by incisions and the expectant principle is so successful. When the disease is very extensive it is still a question whether amputation is not a better practice."

It may be inferred that much of the opposition to this operation among British surgeons is attributable to the great influence of Mr. Syme, who strongly opposed excision, advocating instead

the amputation which bears his name. But a very similar state of professional opinion has existed in America, for we find in Gross's great work on surgery the following allusion on the single page devoted to the consideration of the subject: "The operation was first performed on account of disease in 1792 by the elder Moreau, but until lately has not had a place in surgery, and even now professional sentiment is much divided in regard to it." The following estimation of the operation by Dr. Frank H. Hamilton is that entertained quite generally by American surgeons at the present time: "Excision of this articulation for chronic disease of the joint is seldom if ever advisable, since inflammation is prone to propagate itself downward through the tarsal bones, leading eventually to the necessity of amputation if it does not result in death. In the office of the United States Surgeon-general are recorded twenty-two cases of tibio-tarsal excisions, of which fourteen were properly excisions of portions of the tarsal bones, probably, however, involving this joint. Of eighteen cases in which the results have been ascertained twelve recovered and six died. Amputation would have given a better result." *

A very exhaustive statistical treatise on Excisions of the Larger Joints of the Extremities, prepared by Dr. H. Culbertson, of Columbus, Ohio, received the prize of the American Medical Association in 1876. The essayist tabulates two hundred and eighty-five cases of excision of the ankle-joint for causes other than gun-shot wounds; but since the majority of cases were of traumatic origin the deductions made therefrom can scarcely be applied to the operation for chronic disease such as treated in this article.†

From the above it is evident that at present the weight of surgical opinion is generally unfavorable to excision for chronic

*The Principles and Practice of Surgery.

†Among German and French surgeons the operation under consideration is held in the same estimation as has obtained in England and America. Prof. Agnew states in his recent work on surgery that during the German-Danish war Langenbeck excised the joint eight times with one death. This was for traumatic injury of the joint, however; and the operation is considered rarely if ever applicable to cases of chronic disease of the ankle-joint.

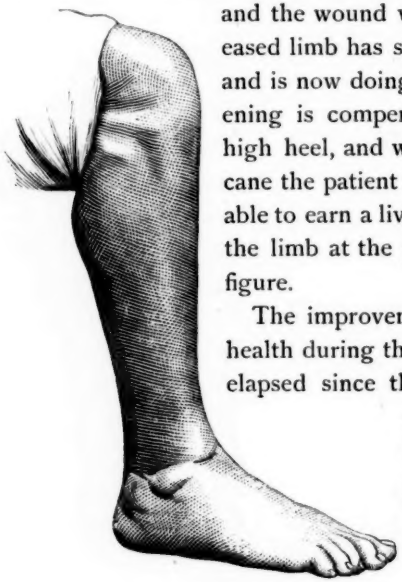
disease of the ankle-joint, and until very recently the operation could scarcely claim a foothold in surgery. But those who have watched the progress of operative surgery can not but have observed during recent years the strong and growing tendency in favor of every possible application of the principles of conservative surgery. This tendency has been especially marked since so much attention and care is being given to the dressing of wounds with a view to prevention and limitation of suppuration. In England there is now a disposition to cultivate the operation; and we find Mr. Bryant, in the last edition of his work, after a very unfavorable opinion in the former edition, stating that he has done the operation three times, with good results in two cases.

On January 10, 1878, Archibald Burton Williams, a colored man, aged twenty-eight years, applied to me with the following history and condition: His father and mother are both living, in good health. Until his right ankle-joint became diseased his own health had been excellent. This joint had been weak and frequently painful, he said, since he was sixteen years of age. He was unable to recall any injury to the joint by a fall, blow, or other accident. When eighteen years of age the joint became inflamed, and for some weeks he was unable to use it. The inflammation continued in subacute form, gradually growing worse; and in 1873, when he was twenty-one years old, an opening occurred near the inner malleolus and pus was discharged. The disease continued in slow but persistent progress, gradually increasing in extent of tissue involved and amount of suppuration. One sinus after another was formed, until at the time of application to me seven openings around the ankle led to the carious bones of the joint. He had long been compelled to use crutches. The extensive drain upon his system from suppuration had reduced him in strength and health and forced him to seek relief. His weight at that time was ninety-eight pounds. It should be mentioned in this connection that the patient is a member of a thrifty family, and enjoyed the comforts of a good home.

After a thorough examination of the case I determined to excise the joint, the only alternative being amputation. On February 21, 1878, the operation was performed in the following manner: The patient being etherized and Esmarch's bandage applied, I made an incision along the posterior edge of the fibula, beginning about three inches above the malleolus, curving around its lower end and extending forward and downward toward the base of the outer metatarsal bone. The fibula was then carefully cleared of the soft parts, the tendons of the peroneus longus and brevis muscles being preserved. The cutting-forceps were applied to the fibula, and about an inch and a half of that bone removed. The joint now being thoroughly opened, the foot was twisted inward and the gouge, chisel, and chain-saw in turn were applied to the bones. The entire astragalus, a portion of the os calcis, and the lower end of the tibia were removed. The entire bony material of the joint was found in a condition of advanced caries, surrounded and infiltrated with pus. The diseased bones being removed, the immense cavernous wound was thoroughly syringed out, the tourniquet removed, the leg and foot placed in a wooden splint with a footboard, and cold-water dressings applied. Drs. Harlan, Warren, Johnstone, Erwin, and McKee, of this city, were present.

No shock followed the operation, and the patient did well from that time. From my note-book I find that on March 1st the wound was suppurating freely, and minute particles of bone resembling small portions of shell were to be found in the discharge. The patient nourished well, and improved in general health from the day of the operation. On March 4th the Bavarian dressing was applied to the foot and limb, a trap being made opposite the site of the wound, and the patient began to go about. This was worn for several weeks, and was removed when the discharge became less profuse. The wound was thoroughly syringed with a solution of carbolic acid daily. The granulations promptly covered the exposed surfaces of the bones, and the wound gradually closed. During this time the entire limb was energetically rubbed and galvanized every

day. About six months after the operation the patient began using the limb by bearing his weight lightly upon it in walking. At the end of nine months the discharge had altogether ceased and the wound was firmly closed. The diseased limb has steadily increased in strength and is now doing good service. The shortening is compensated by a thick sole and high heel, and with slight assistance from a cane the patient walks long distances and is able to earn a livelihood. The appearance of the limb at the present time is shown in the figure.



The improvement in the patient's general health during the two years which have now elapsed since the operation is remarkable. At the time of the operation his weight was ninety-eight pounds, which has now increased to one hundred and sixty-five pounds.

The writer trusts that by recording this case of joint surgery he may add something to the growing favor of an operation which in every suitable case is to be preferred to its alternative, amputation.

DANVILLE, KY.

POINTS FOR CONSIDERATION IN THE MANAGEMENT OF DIPHTHERIA.

BY IRWIN C. CARLISLE, M. D.

Diphtheria has within the past few years probably attracted more professional attention than any other disease. Nor is such attention unwisely given when we consider the prevalence and mortality of this disease. In New York City, from 1873 to 1876 inclusive, 6,877 died from diphtheria; in Massachusetts it ranks second in fatality to consumption; and an equally large death-rate having existed in many other cities and states,* is sufficient to stimulate every practitioner to endeavor to discover some method of treatment which will overcome the fatal character of the disease, even if we are unable to make out its exact primary cause, and "stamp it out."

As regards preventive measures, not so much appears to have been accomplished here as in some other contagious diseases; but diphtheria being probably more infectious than they, and the breath in many instances being the infecting medium, special care should be taken to guard against this source, especially during the act of coughing, when portions of the exudation are liable to be detached and carried by the expired air.

Although claimed by some that infants at the breast, especially those under four months of age, are rarely affected (the immunity being due to the alkalies present in the milk, according to the rather fanciful idea of some observers, or, as claimed by others, to the antagonistic action of the acid in an infant's mouth, on the supposed specific organisms), it is clearly well to remove a nursling from a mother in whom the disease has made itself manifest, for the reason that cases are occasionally encountered where those of very tender age are attacked, J. L. Smith recording an instance of one but six weeks old.† No harm and much good may be accomplished by such a course.

* N. Y. Med. Jour., Nov. 1879. † Dis. of Children, 4th ed., p. 221.

Notwithstanding the statement of one of the highest authorities on diphtheria,* "that sanitary science has not yet learned to bar its progress, and in some instances arrangements, professedly hygienic, have even appeared to favor its entrance," too much care can not be exercised to procure healthy surroundings, as many circumstances favor the theory that it is a "filth disease."

Adynamia being a marked characteristic of the disease, that line of treatment whose object is to maintain the vital forces yields beyond doubt the best results. The so-called "antiphlogistic treatment," or any other whose effect is to depress, is simply out of the question here.

The most nourishing food, and such as is easily assimilated—viz. beef-juice, beef tea, chicken and other broths, cream—is to be used every two hours or oftener. Solid food should be avoided on account of the pain it causes in deglutition and the possibility of its detaching portions of the exudation, which is thus more extensively renewed.

As stimulants are required in the majority of cases, and often from the beginning, wines, such as port, sherry, or preferably the pure Hungarian wines, may be given in the commencement, being replaced, as the disease progresses, by whisky or brandy, given in such quantities and at such intervals as the exigencies of the case demand—a good way of administering them being in the form of wine-whey, milk-punch, and eggnog. The good effects of stimulants in considerable quantities often repeated can not be overestimated in those cases described by writers as malignant, and where a condition of drowsiness is a prominent feature.

Remedial treatment being of secondary importance to a sustaining dietary, and no specific having thus far been discovered for diphtheria, we are restricted principally to the management of its unfavorable symptoms. For its general and possibly local action the time-honored prescription of chlorate of potash and tincture of iron (substituting glycerin for the syrup) is no doubt

* Mackenzie, "Diphtheria, its Nature and Treatment," preface, Phila. 1879.

serviceable, the latter agent, according to a high authority,* having given better results than any other medicine. This statement is somewhat at variance with that of Bartholow,† who says, "Although the iron possesses no special utility in this disease, it may serve as one of the means for maintaining the forces of the body, and in this way indirectly contribute to a favorable result." The styptic taste of the mixture often being a bar to its administration to children, the use in its stead of Creuse's tasteless preparation (unofficinal) or the ammonio-citrate or potassio-tartrate, administered every three or four hours, is advisable. The possibility of chlorate of potash producing fatal nephritis, as pointed out by Jacobi,‡ should be borne in mind.

On theoretical grounds quinia or its analogues is indicated and appears to act well. If, as recent investigations lead us to believe, quinine is capable of influencing the migration of the white corpuscles of the blood, and exercises a destructive effect on the vegetable organisms found in the exudation itself and in the blood of those affected with diphtheria, then it is an agent to be used during the entire course of the disease. This most desirable end is, however, accomplished only by large doses of the drug, and it being almost impossible to disguise its bitterness sufficiently to give it to children, and even to some adults, it is a good plan to substitute, but in larger doses, a mixture composed of cinchonia, sugar of milk, and sodium bicarbonate, prepared after a formula furnished by Powers & Weightman, which can easily be given in cream, the precaution being observed not to make use of any thing sour immediately before or after its administration. It may be taken between the time of giving the chlorate of potash and iron mixture, or alternated with it.

Local treatment judiciously applied is no doubt of great value. Iced or cold-water applications to the neck seem to

* The National Dispensatory, page 1410, Philadelphia, 1879.

† A Practical Treatise on Materia Medica and Therapeutics, 2d edition, page 102, New York, 1879.

‡ *Vide* article on The Remedial and Fatal Effects of Chlorate of Potassa, in the Medical Record, March 15, 1879.

afford a sense of comfort, especially when the larynx is involved, and may be used with advantage. The object of local treatment being, "first, to reduce the inflammation of the mucous surfaces; second, the destruction of the diphtheritic poison and contagious properties in the pseudo-membranes; third, to destroy the septic poison and prevent its absorption, if any forms."* Harsh topical means are contra-indicated.

Small lumps of ice allowed to dissolve in the mouth, besides being very grateful to the patient, relieve the burning sensation and reduce the inflammatory swelling. The great difficulty of reaching the exudation when it occupies the upper pharyngeal walls, posterior nares, and other remote points makes the aid of a mirror necessary, and this being in young children not only painful, but attended with considerable risk, makes its use a questionable one.† A convenient and probably the most effectual way of applying remedies to the diseased surfaces is by means of a hand-atomizer, from half a dozen to a dozen compressions of the bulb being sufficient for one sitting. If preferred, powdered substances in a dry state may be used by insufflation, after the method so much in favor with Trousseau.‡ When the case is one of exudative laryngitis (diphtheritic croup) steam applied by an atomizer appears often to give good results. The vapor of slaking lime set free in the sick-chamber may be had recourse to for its probable solvent action upon the false membrane; but the liability of its inducing serious lung complication, especially when applied under the blanket tent, so much in use of late, makes it to my mind a questionable procedure. Having recently seen two cases of broncho-pneumonia due to this cause, and both terminating fatally, I have reason, I think, to be somewhat skeptical in the matter. It is no doubt true that when the morbid process involves the larynx or trachea, or primarily occurs in them (which, luckily, is in the minority of cases), the employment of agents in the form of spray or vapor

* Diseases of Children, 4th edition, page 260, Philadelphia, 1879.

† Diseases of the Throat and Nasal Passages, 2d edition, page 165, Phila. 1879.

‡ Clinical Medicine, volume 1, page 411, Philadelphia, 1873.

constitutes about our only means of local treatment; but the too great concentration of the substances used should be avoided. I am inclined to the belief that even here we have in lactic acid all the solvent properties upon the exudation claimed for lime, howsoever it may be applied. Whether we can in any great degree accomplish by steam alone the results achieved by Oertel*—viz. the detachment of the exudation as a result of the suppuration set up beneath it—is an open question. As a prescription for topical use where the parts can be easily reached, the following,

℞ Acid. carbolic., ... gtt. viij;
Liq. ferri subsulphat., . . . ʒii–iij;
Glycerin, ... ℥j.

proposed by Smith† and indorsed by Flint,‡ will be found of value, as it meets more effectually than tannic acid, tincture of iron, or any other astringent, the object for which it is employed, viz. the conversion of the false membrane into an inert mass. It should be applied twice or thrice daily by means of a large camel-hair pencil-brush, and with great gentleness, so as not to provoke vomiting or denude the inflamed patches. It is best, for obvious reasons, that the physician himself perform the operation. The application of a little glycerin or a small swallow of the same will generally suffice to overcome the puckering sensation it occasions, and which is sometimes complained of, especially by children. As a change I have several times made use of, by insufflation, a powder composed of salicylic acid, two parts, Monsel's salt, three to five parts, and bismuth, ten parts. For both its solvent action on the exudation and its aid in removing the fetor present I have been much pleased with a mixture of lactic acid, one dram, liquor phenol (Squibb's), fifteen drops, and water, two and a half ounces, applied by the atomizer every three or four hours. This may be used in conjunction with the astringent solution before mentioned, and can

* Ziemssen's Cyclopedia of Practical Medicine, volume 1, page 675.
† Diseases of Children, 4th edition, page 260, Philadelphia, 1879.
‡ Clinical Medicine, page 709, Philadelphia, 1879.

also be employed with benefit where the Schneiderian membrane is involved, the precaution being observed to dilute it sufficiently with water. It is absolutely necessary in these cases to remove by means of a syringe, or, preferably, the steady stream from a nasal douche, the tenacious discharge from the nose, which is not only quite infectious, but of such an acrid nature as to excoriate and inflame the upper lip, thereby adding to the discomfort of the patient. A weak solution of common salt, or, what is possibly better, chlorate of potash in lukewarm water, to which a few drops of carbolized glycerin is added, used three or four times during the twenty-four hours, will usually be found sufficient to accomplish this end. The gastric irritation, as evinced by nausea and vomiting, which often arises during the course of diphtheria, or even at the time of its inception, is frequently found to be one of its most serious complications. If relief be not obtained from the various anti-emetics generally employed, the hypodermic injection over the stomach of small quantities of morphia has been proposed. But on account of the possibility of even the smallest amount of this salt seriously interfering in some cases with elimination, and the idiosyncrasies which many possess to this agent, I have made use of, with encouraging results in several cases, the bromide of potassium administered per rectum in quantities somewhat large. The vomiting probably being due to the reflex irritation set up in the fauces—in many instances, at least—the *modus operandi* of the remedy is thus made apparent. Even should it be of uremic origin, bromide would probably not be contra-indicated. Should we fail to accomplish our object by any of the means above mentioned, rectal alimentation is to be resorted to. Both stimulants and other remedies can readily be administered in this way, being incorporated with the alimentary principles. Should diarrhea arise (which is seldom the case) and cut off this avenue of support, we still possess in "subcutaneous alimentation" a valuable means of maintaining the vital powers.* If quinine and

* *Vide* the interesting article On the Different Methods of Artificial Alimentation, by Thos. J. Gallaher, New York Medical Journal, August, 1879.

iron are used hypodermically, the first in the form of the kinate, which is soluble in four parts of water, will be found the best; and the latter in the form of dialysed iron, diluted with twice or three times its quantity of water, may be employed, as first recommended by Da Costa. Although it has occasionally resulted in the formation of abscesses when so administered, it probably possesses this fault to a less degree than other chalybeates.

If hemorrhage from the nose or throat—an occasional complication in this disease—assumes an alarming aspect, the use of ice-water by means of the nasal-douche, or the application, by atomization, insufflation, or the brush, of styptics, with the sucking of small lumps of ice, together with the subcutaneous administration of ergotin, has, in the few cases which I have encountered, sufficed for its arrest.

The albuminuria which frequently makes itself manifest during the course of diphtheria—though often in a fluctuating manner, and which, according to Bristowe,* seldom occasions anasarca, uremia, or results in permanent lesion of the kidneys—but rarely calls for treatment. It is reasonable to suppose, however, that as the functions of the kidneys improve the blood will be improved also, while the latter result may be hastened by hematinic agents and ferruginous preparations, preferably the tincture ferri acetatis.

Laryngotomy or tracheotomy—our *dernier ressort* when the larynx or trachea are sufficiently involved to jeopardize the patient's life—is not only a perfectly justifiable operation, but one which is often too long delayed; for even when life is not saved death at least is made less terrible.

As pointed out by Flint† and Meigs,‡ fatal syncope sometimes rapidly supervenes at a period when convalescence is apparently established, the result of extra exertion on the part of the patient, such as getting suddenly out of bed or walking. This source of danger should be carefully guarded against.

* The Theory and Practice of Medicine, 1st edition, page 206, Phila. 1876.

† Clinical Medicine, page 713, Philadelphia, 1879.

‡ American Journal of Medical Sciences, April, 1864, page 305.

The sequelæ of importance following in the wake of diphtheria—viz. the various paralyses with anemia—are found in the majority of instances to be quite amenable to treatment. I have been in the habit of prescribing either the syrup or the elixir of iron, quinine, and strychnine, and extract of malt and cod-liver oil, to be taken three or four times a day. The two latter agents in equal proportions form a mixture which is quite palatable, and one that is readily taken by both the young and old. Under this line of treatment cases of paresis are rarely encountered which last longer than a few weeks, and it is seldom that electricity is required to expedite the cure. When this condition of innervation has so implicated the muscles concerned in deglutition as to make the act difficult or impossible, the stomach-tube is to be used or rectal alimentation had recourse to.

In the foregoing remarks, which are based upon a somewhat extensive experience with diphtheria, the simple attempt has been made to bring forward the cardinal points in the management of this terrible scourge; and if issue has been taken with eminent authorities on the subject, it has been because close observation has, in my opinion, warranted me in so doing.

GLENVILLE, OHIO.

LECTURES ON THE SURGERY OF THE FACE.

BY FRANCIS MASON, F. R. C. S.,

Surgeon and Lecturer on Anatomy at St. Thomas's Hospital; Hon. Fellow of King's College, London.

LECTURE III.—PART I.

Deformities of the Face.—I purpose in this, my concluding lecture, to describe some of the principal deformities that are met with in the face, with their appropriate treatment. I shall pass over such congenital malformations as do not come within

the scope of the surgeon's art—those, I mean, that would generally be classified as monstrosities.

In a paper On the Relation of the Teeth and Mouth to Mental Development, Dr. Langdon Down lays stress on the characteristic features of the lips in congenital idiots. The lips, he says, are usually thick, the thickness being greatly more marked in the lower than in the upper one. In addition to the thickening they are often striated and marked by transverse fissures. They are frequently deficient in muscular power, and the want of muscular action interferes with their prehensile function, and also induces a tendency for the saliva to run over the chin. The mucous membrane is extremely liable to chronic inflammation, and ulceration is induced by the slightest pressure against prominent or uneven teeth. The glands of the mucous membrane of the mouth generally, as well as the salivary glands, are usually hypertrophied. Again, he speaks of certain semi-lunar folds of skin at the inner canthus of the eye—folds which he believes are more frequently present in feeble-minded children than in others, and which he describes as epicanthic folds. They are, according to his experience, marks of developmental degeneracy, and should always be looked for in doubtful cases. Then he remarks that the seat of implantation of the ear in idiots is usually placed further back in relation to the head and face than in normal children. The mouth is arched or gothic-shaped; the tongue is increased in size; it is rugous, fissured, and its papillæ are enlarged. Again, the angle of the jaw is more obtuse than usual.

Perhaps the commonest observable congenital deformity of the face is harelip. Having written so recently on this subject, I have little to add to what has been already published; but I may be permitted to dwell for a moment on one or two points in connection with this deformity.

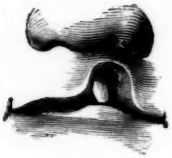


FIG. 1.

FIG. 2.

FIG. 3.

FIG. 4.

FIG. 5.

First. Respecting the intermaxillary or premaxillary bones. I think there can be no doubt that when harelip is associated with a fissure of the hard palate the fissure takes the place of the lateral incisor tooth of one or both sides, as the case may be. In other words, the lateral incisor is usually wanting. Figs. 6 and 7 indicate these points, but the actual specimens which I hand round and some of the photographs, I think, put the matter beyond doubt.

FIG. 6.

FIG. 7.

It is extremely rare to find a case of double harelip with no fissure of the palate whatever; but such a case is now under the care of my colleague, Mr. Croft, at St. Thomas's Hospital.

Second. The hereditary character of harelip is occasionally very striking. Thus Dr. Buck gives an account of a family in which there was a very remarkable hereditary history: "Mrs. Molinieri and her three children (all girls) came under his notice in January, 1871. The mother herself bore the marks of a successful operation for harelip performed in childhood. She had a brother and sister with harelip; and besides the three living children above referred to she had had four others, who had all died in infancy; three of these had harelip, and the fourth one only was a perfect child. In other words, there were nine instances of the deformity in two generations of a single family."

Third. I may be permitted to make one or two practical remarks respecting the method of operation. The harelip pin with the twisted suture is very commonly employed to bring the edges together, but without entirely discarding this method of approximating the parts I feel sure that the usual interrupted suture of silk may in most cases be employed with great advantage, and I believe with certain precautions it is in many instances preferable; but whether the twisted or interrupted suture be used, the success of the operation mainly depends, first, on the soft parts being thoroughly freed from the subjacent bone; secondly, on the edges of the fissure being so pared that a good broad raw surface is left; and thirdly, that the patient be incessantly watched for three or four days by a skilled nurse, who should support the newly-united surfaces by making continuous but gentle pressure on each cheek. I have little confidence in the use of mechanical appliances *after* the operation; for in nursing the child they are apt to shift their place, and often do more harm than good. They are, however, invaluable as aids in bringing the two superior maxillæ together if worn *before* operative procedure is undertaken. Again, strapping is of especial service before the operation, but afterward it can not be with safety solely relied on.

Besides the ordinary forms of harelip, fissures of the lips extend in other directions. Thus Mr. Ward describes a case in which the fissure extended into the right cheek, and another

more remarkable case is recorded in which a boy was born with a very large mouth. At seventeen years of age his mouth was six and a half inches in diameter, extending from one ear to the other, so that the tongue always hung between the teeth. Langenbeck operated on the lips and brought the parts together. Another remarkable example is reported by M. Guersant, in which the fissure on each side extended toward the eyelids.

FIG. 8.

The mention of harelip almost necessitates a few words on fissure of the palate, of which several varieties are exhibited in the woodcuts I here show you. It is, however, extremely rare

FIG. 9.

FIG. 10.

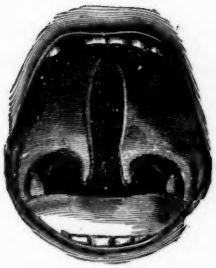


FIG. 11.

FIG. 12.

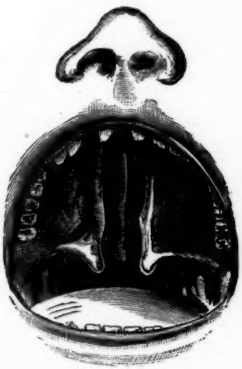


FIG. 13.

FIG. 14.

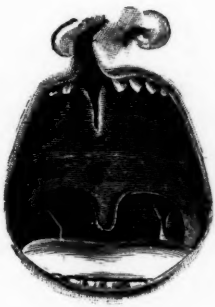


FIG. 15.

to meet with a case of fissure of the soft palate with an entire absence of the uvula; but such a case I have had the opportunity of showing you to-night; and on the subject of cleft palate I confess I have little to add excepting that in closing the hard palate I usually perform the muco-periosteal or Langenbeck's operation. Dieffenbach's plan of dividing the entire bony palate with a chisel, and which was introduced into this country by the late Sir W. Fergusson, has the disadvantage that it is sometimes accompanied by exfoliation of bone; but this untoward result may to some extent be obviated by boring a few holes with an ordinary brad-awl in the line in which the chisel is to be applied—a plan I suggested in The Lancet of October 24, 1874. Whichever operation is selected, the closure of the hard palate is often attended with troublesome hemorrhage; but the bleeding may be instantly arrested by plugging the wounds on each side with dry lint, after which the operation may be completed without difficulty. I referred to this practice in The Lancet of July 29, 1876, page 170. Severe bleeding of an intermediary or secondary character occasionally but very rarely occurs. Such a case has been recently reported by Mr. Marsh.

The chief object of the operations for cleft palate is, of course, the improvement of the voice. I need not refer to my views on the subject further than to say that a cleft in the soft palate is not a mere rent or slit in the parts, but is an actual deficiency or want of tissue. Hence, after the edges of the soft palate are bound together the part remains as a tight curtain stretched between the mouth and posterior nares. The result is that, in speaking, the air, instead of passing into the mouth, gains access to the nostril, and thus the peculiar nasal-twang is maintained. I therefore venture again to recommend the performance of a very slight operation, an account of which I published in 1869. It should be understood that this procedure is an entirely independent operation, and should be performed only when the surgeon is perfectly satisfied that firm union has taken place. The incisions on each side release the part, and the palate is, so to speak, converted into a huge uvula.

Besides genital defects of the superior maxillæ and the palate bones, there are cases recorded of deficiency in other bones about the face. Thus Delpech gives a description of a patient who had a congenital absence of the right nasal and lachrymal bones, the nasal process of the superior maxillary, and of the soft parts.

Again, Dr. Samelson exhibited at the Manchester Medical Society a patient, aged twenty-three, who had a congenital defect of the frontal bone. There was a somewhat thickened integument extending over a cavity produced by the absence of the bone. Within the gap the cerebral pulsation was very plainly visible.

Mr. Gay has favored me with the notes of a case in which there was congenital absence of the nasal bones. The rough sketch I send round will afford some idea of the condition of the parts. And Mr. Bryant, in his work on surgery (volume 1, page 236), refers to a case of Mr. Poland of meningocele which caused a considerable prominence over the nasal bones.

Dr. Lichtenberg also reports a remarkable instance of a congenital tumor which protruded through the mouth of a newly-born babe. The growth overlapped the chin and rested with its base on the sternum. From the appearance Dr. Lichtenberg believed the case to be one of polypus, and put on a ligature as tightly as possible and cut off the tumor. Three or four days after the patient died of convulsions. At the post-mortem examination the pedicle of the tumor was found to perforate the sella turcica, and was there attached to an oval tumor which was connected with the brain. Such a case as this should make us remember that it is not always easy to pronounce a decided opinion as to the exact nature of a congenital tumor. And while I am on this subject I may allude to an instance that was under the care of my former colleague, Mr. Arnott, which showed the difficulty of arriving at a correct diagnosis. There was a round sessile swelling the size of a large walnut situated just in front of the anterior fontanelle, in a child eight months old. The history of the case pointed very decidedly

to the tumor being a meningocele. No operative treatment was adopted, but the patient died of broncho-pneumonia; and at the post-mortem examination the swelling proved to be a cyst of a dermoid character, and was quite unconnected with the interior of the skull. The mistake, adds Mr. Arnott, in this instance mattered little; but fatal errors have been committed by surgeons mistaking meningocele for simple dermoid cysts, and undertaking their removal.

Again, Mr. Gay tells me now he has under observation a case in which there was a swelling the size of a small walnut situated at the front part of the left temporal fossa. The patient was seventeen years of age, and the swelling had become prominent for the last ten years. Mr. Gay believes he had discovered the true nature of the tumor by cutting down but not into it, for rather severe symptoms followed the operation. No pressure on it or other efforts to detect the real nature of the swelling answered before exploration. The tumor was thought to be a meningocele.

FOREIGN CORRESPONDENCE.

LONDON, January 15, 1880.

My Dear Yandell:

You will now have run the gauntlet of Christmas festivities and begun to realize that you have got a liver. We never do become familiar with the fact that we are possessed of any particular viscus until it is out of gear, and then we become conscious enough of it. In spite of a low temperature and liberal supplies of oxygen the burning power of the liver gets overworked, and then follow the different histolytic products of imperfectly-oxidized albuminoids, glycocholic and taurocholic acids, staining the fur on the tongue, producing a bad taste in

the mouth, and giving a dark brown hue to the feces; or lithates staining the bottom of the *pot de chambre*, pink in hue, and here and there a big Cayenne-grain-looking fellow, a uric acid crystal. Pink lithates and white or brick-dust-colored lithates differ in origin as well as in color. But if I discourse much longer on this topic it may lead me on to white ice, and thus mislead the reader.

Despite financial depression, a deficient income, and the most villainous weather that the Isles of Fogs can produce, Christmas has asserted his sway and provided appropriate weather; yet there follow the troubles of sub-oxidation that the late Bence Jones was fond of descanting upon. What are its appropriate remedies; what the claims of sodium sulphate to our confidence, what those of ipecacuanha, what those of new acquaintances like euonymin, hydrastin, and others, let Professor Rutherford tell—and a host of practitioners will have ample opportunities for trying them.

There are few things more disturbing to a medical man than the discovery of albumen or sugar in the urine of a patient; or perhaps in his own when, in the full consciousness of perfect health, he tries a sample of healthy urine to compare with a specimen of doubtful character. When, to his surprise, he finds his own more abnormal than that of his patient, his intellect feels paralyzed. Once upon a time he thought himself doomed, that it did not require a very fine ear to hear his death-bell tolling; but now he coolly asks himself what the presence of this abnormal deposit means. Professor George Johnson, of King's College, so world-renowned for his researches in the matter of renal diseases, has lately given to the profession his views upon latent albuminuria. He first points out that it is a matter of common, in fact every-day, observation that the urine of persons apparently in perfect health is often found to contain more or less albumen. He then gives a number of instances which have come under his own notice, and proceeds to reason upon the matter. His main object, he says, is to maintain, first, that this latent albuminuria—albuminuria that is unassociated with any

other evidence of functional disorder or structural disease—may by a careful inquiry be traced back, in a very large proportion of cases, to a probable exciting cause; second, that the presence of even the smallest trace of albumen in the urine is always pathological, never physiological; and that the neglect of this indication of a pathological condition and tendency, especially such negligence as involves repeated exposure to the exciting cause, may convert a temporary and occasional into a persistent albuminuria which, sooner or later, though it may be after many years, will result in fatal disorganization of the kidney. This is a very important matter then, and every practitioner ought to have some fairly definite ideas on the subject, whether he go the whole length with Professor Johnson, or only part of the way. It is necessary to first determine the causal associations of the albuminuria when it is detected. In addition to scarlet fever and other pyrexial causes of albuminuria, Dr. Johnson thinks exposure to wet and cold are large factors in its production, and that too without any general evidences of acute nephritis. He therefore thinks that after any such recognized exciting cause of albuminuria careful and repeated examination should be made of the urine until convalescence has been completely established. When, however, the albuminuria persists, the patient should be kept under observation and the urine should be tested after rest in bed and before breakfast, and then again after food and exercise. The albumen will usually be found in greater abundance under the second circumstances than under the first. In other cases there is no apparent history to explain the albuminuria. From much inquiry into cases in young male adults, Dr. Johnson is inclined to think that exposure to wet and cold, after severe exertion in the different games and athletic exercises, is the starting-point in many cases. Imprudently prolonged cold bathing is the cause of mischief in others. Indeed he thinks more people are injured than benefited by the practice. In other cases large quantities of animal food, with or without alcoholic stimulants, lead in time to renal mischief. The kidney is the channel through which albuminoid

waste, whether the result of tissue disintegration or of imperfectly oxidized or imperfectly assimilated food, is eliminated. High functional activity in the kidney works its own ruin in time. Then chronic dyspepsia, leading to general nerve exhaustion and loss of vasomotor nerve-force, and consequent diminution of tone and contractile power in the muscular walls of the arterioles generally, including those of the kidney, is followed by depraved nutrition. Thus the filter and the fluid to be filtered are both materially changed; while the increasing impurity of the blood throws nerve-work upon the kidneys, and favors the escape of altered albumen, which is often much increased after food. This albuminuria of dyspeptic origin, even in persons of perfectly temperate habits, is associated with acid urine with abundant deposits of water and oxalates. Then come small hyaline and granular casts, and ultimately structural degeneration, the result of long-continued elimination of some products of faulty digestion through the kidneys. Then we have renal change resulting from primary disorder of the liver and assimilating processes. Such change is aggravated by indulgence in alcoholic stimulants.

Dr. Johnson then considered the subject mooted by Dr. Clifford Allbutt, that "mental anxiety is one of the chief if not the chief cause of granular kidney." He does not go quite so far; but he believes there is a real etiological relation between mental anxiety and some cases of albuminuria. But he holds that glycosuria is much more linked with mental and emotional influences than is albuminuria. A view now being generally adopted.

The practical utility of this inquiry into the origin of albuminuria is that, when it is discovered, its cause must be avoided. It is not always easy to convince a man or boy who believes himself to be in perfect health that he should submit to restraint of any kind because of the behavior of his urine in a test-tube. Where cold is the exciting cause, repeated exposure will lead to persistent albuminuria. But the course may be a slow one. In one case, due to scarlet fever at fifteen, the subject lived the life

of a busy doctor until forty-five and within a few months of his death. As a rule the earlier the patient is subjected to treatment, which includes avoidance of the exciting cause, the more speedy and complete is the success. It is gratifying to learn that treatment is of avail in such chronic cases. One case is given where a distinguished medical graduate, aged twenty-six, consulted Dr. Johnson in 1877, and was placed on a carefully-regulated diet, namely, exclusively milk at first; then a little meat was permitted, with some Hunyadi-Janos water every morning, by which the amount of albumen was reduced. In seven months the albumen disappeared, and has not returned. But on the subject of treatment he reserves his remarks until a future occasion. When they appear they will be the subject of another letter.

The treatment of phthisis pulmonalis by inhalations has not held the position recently assigned to it. Minute organisms had been found in tuberculous lungs, consequently they must be slain by a germicide, and then the patient had nothing to do but get well immediately and straight away. For the destruction of the tiny murderer inhalations of finely-powdered benzoate of soda were resorted to. Much excitement followed the success of the first attempts in Teutonic hands. Animals in which tuberculosis had been artificially produced were found to be benefited by the treatment as well as human beings. Patients were all but snatched out of their graves. Dr. Guttman, however, tried the benzoate of soda in a number of cases without finding the almost miraculous results which had been asserted to follow its use in the hands of Professor Rokitansky—not the grand old pathologist, but his son. Neither the temperature nor the loss of weight were influenced favorably, but the cough was moderated by the inhalations, though only for a brief period. On the whole it seems that inhalations of benzoate of soda are all but useless in cases of pulmonary tuberculosis. But we can not help feeling that there is some prospect that inhalations may be useful in cases where there are cavities forming considerable pus-producing areas. Dr. Hunter Mackenzie,

of Edinburgh, has tried respirators, covering both nose and mouth, containing sponge saturated with a strong solution of carbolic acid or creosote solution. Such respirators are worn day and night, and are so little trying that even young children have been induced to wear them for lengthened periods. Cases in their early stages only have been tried so far, but the results are encouraging. Dr. Mackenzie says: "It is of course impossible for me to say that cases of phthisis are absolutely cured by this system of treatment; but the distressing symptoms of phthisis, the night-sweats, cough, and impaired appetite, have been so ameliorated as to justify me in publishing this preliminary note, reserving for a future communication further details of the method and notes of the cases tried by it." It will be instructive to know what this further experience will reveal, whether the hopes entertained are to be borne out or are to be dashed to the ground. Combined with appropriate measures of medicine, hygiene, and dietetics, such inhalations may come to be found very useful, and that too in a class of cases where there is much left to be wished for in the way of treatment.

Antiseptic surgery has been the subject of an animated debate in the South London Division of the Metropolitan Counties Branch of the British Medical Association. The debate was adjourned, and still unanimity of opinion was not secured. Mr. John Wood was not quite converted to the ways of his illustrious colleague, Professor Lister. Mr. Jonathan Hutchinson was very decidedly in favor of antiseptic measures combined with the utmost possible care and cleanliness in every other way. Under certain circumstances he thought "the gauze and spray" might do positive harm. Sir James Paget thought that the success of modern surgery was due in a large measure to improved sanitation, nursing, and treatment generally, but admitted that certain operations, as ovariotomy, osteotomy, incisions into joints, etc. should only be done under the spray, and with antiseptic precautions. He thought that Professor Lister had contributed very largely to the production of all these recent advances. Mr. Lund, of Manchester, warmly advocated the Listerian

method, and he was followed by Dr. Newman, of Stamford, whose views were also strongly Listerian. The antiseptic plan has not yet found a congenial home in St. Bartholomew's Hospital, and Mr. Morant Baker charged the antiseptic system with many evils, and quoted statistics of non-antiseptic operations which went to show that cleanliness and clean water had a great deal to do with the results. The consequences of the debate of practical value are two: 1. That the results of those who adopt the antiseptic system are such that those who do not adopt it are put upon their metal in emulous rivalry to attain equally good results, by which their patients will be benefited. 2. That the ventilation of the subject, even if it does not convert the unbelievers, is to set them on thinking, and that is a good thing anyway. For, in my own personal experience, to set people a-thinking is a pretty hard job; and there has always seemed to me to be a good deal of truth in the observation of Franklin Blake, in Wilkie Collins's "Moonstone," that "The English are the slovenliest thinking people in the world, except when they are making machinery."

Reviews.

Biographical Dictionary of Contemporary American Physicians and Surgeons. Edited by Wm. B. Atkinson, M.D., Permanent Secretary of the American Medical Association and of the Medical Society of the State of Pennsylvania, etc. Second edition, enlarged and revised. Philadelphia: D. G. Brinton. 1880.

In turning over the pages of this novel medical mausoleum it is pleasant to note that but fifty new names have been added to its list within the two years which have elapsed since the publication of the first edition. At this slow rate of increase it is easy to see that the pen-portraits of physicians done with their own discriminating and impartial goose-quills are not multiplying to any alarming extent. The autobiography business has plainly not felt the boom which has affected the other industries of the nation. Twenty-five candidates annually, thirsting for renown to be made known for the first time, and that by their own hands, in the pages of the Biographical Dictionary, is not an appalling number. If, with all the letters and circulars which have been sent, and traveling solicitors employed in this truly beneficent work, but a couple dozen names have been added to its columns within a twelvemonth, we see no just cause for despondency. The large majority of American physicians, we are fain to believe, will continue to remain content with such distinction and honor as others may award them. They will still leave to friendly hands the pleasant task of selecting the laurel with which to grace their fronts while living or entwine with their names when dead.

Lest some of our readers may not have the honor of an acquaintance with the Biographical Dictionary of Physicians, we will assist them with a very brief outline of its aims and

scope. The manner in which it was prepared is as follows: Printed circulars were sent to thousands of physicians in the United States, in which they were asked to give a sketch of their lives and writings, place of birth, who they married and when, what offices they had filled, and all other important facts connected with their professional and personal history, and such other items as they chose to contribute. Whoever returned the circulars with the information asked for was expected to take a copy of the book, when issued, at the moderate price of ten dollars. The chromo-catch was also used to enhance the attractiveness of the offer. For one hundred or one hundred and twenty-five or one hundred and fifty dollars, according to the quality of the work, a subscriber might have his picture inserted. If no answer was made in a reasonable time to the circular a letter asking that the matter be attended to was sent. If still no notice was given it another missive was dispatched representing that it would be a personal favor to comply; that the book would "be of great interest to one's family," etc. Many amiable and distinguished physicians were beguiled by all this into furnishing short autobiographies. A multitude more who were mere professional ciphers swallowed the tempting bait and rushed—for the first time—into print. The work therefore embraces a series of biographies of many physicians written with a few exceptions by themselves. It includes doctors young and doctors old, doctors great and doctors small, good doctors, bad doctors, doctors who have done much, doctors who have done less, doctors who have done nothing, single doctors, married doctors, widowed doctors, doctors of high degree and doctors of low degree, doctors from one end of the continent to the other.

Hundreds of doctors have here, for the first time in the history of their calling, agreed on a common point—to write their own lives, to become their own Boswells. As may well be imagined, the interest of these minutely-wrought narratives can not be described, nor can the importance of the facts which they contain be estimated or their value expressed. Where, for instance, in

all history, can any thing be found which shall compare in interest, in value, in importance with the following description of the peregrinations and achievements of Dr. Nemo? Moved in 1840 to Caney Creek, Jessamine County, Arizona. In 1842 returned to his former home. Four years later went to White River. In 1850 he changed his residence to the Blue Miami, and soon after devised a Pill for the Piles.

Here are additional specimen-bricks taken at random from the Dictionary: Another autobiographer records that he studied medicine at night, another was hospital steward, another carried a musket, another was wounded, another fell into the hands of the enemy—which, to put it mildly, was very hard on the enemy. Yet another was a widower — an exceedingly lively widower, having buried three partners of his bosom. Still another wrote an article which was copied into foreign journals; or, lest the effulgence of his fame prove too dazzling for belief, he modestly hints that the article "was mentioned by said journals." Another is the nephew of a congressman; his associate married the niece of a judge. Another organized a hospital; his companion was sent to one. And finally and best, another became a preacher. Sandwiched between these scores of nobodys there are here and there sketches of men whom the world delights to honor. But for this the dictionary would be absolutely without a single feature to recommend it. In its special field it is without a rival. Let us hope it may continue so. One such work is enough for a century.

The demand of the ordinary highwayman is, "Your money or your life!" The Biographical Dictionary exceeds this; in fact, exceeds any thing hitherto known in civilization — IT demands "Your money *and* your life!" To give the former will be counted a loss; to give the latter should be counted a wrong.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By WM. LEISHMAN, M. D., etc. Third American edition, revised by the author. With additions by JOHN S. PARRY, M. D. Philadelphia: Henry C. Lea. 1879.

We gladly welcome the third edition of this admirable book. Our commendation was freely given the previous editions, and this is still more worthy of praise. Among the additions made are the clear recognition of Dr. Wright's priority to Braxton Hicks in the matter of bi-manual cephalic version. Two things we regret in this connection. First, that Dr. Wright only a few months ago departing from among us was not spared to see this recognition in a text-book on Obstetrics by a British teacher, and especially by one possessing the eminence and ability of Dr. Leishman. And again, we regret that Dr. Leishman seems to regard the method of Wright and that of Hicks as the same, stating as he does, "But it is to Wright, and more particularly to Braxton Hicks, that we owe a full exposition of the combined method." The methods are similar, but by no means identical.

A Ministry of Health and Other Addresses. By BENJAMIN WARD RICHARDSON, M. D., F. R. S., etc. New York: D. Appleton & Co.

The addresses, in addition to the one given in the title, which are considered in this volume of three hundred and fifty-four pages, are upon William Harvey; A Homily Clerico-Medical; Learning and Health; The World of Physic; Burial, Embalming, and Cremation; Registration of Disease; and Ether Drinking and Extra-alcoholic Intoxication. Some, possibly all, of these addresses have been previously published in English journals or reviews, and it is a fortunate thing that they have been collected in this volume. The book is one which not merely every doctor can read with pleasure and profit, but also intel-

ligent men and women outside of the profession. In an age when the doctrines of Lucretius are revived and clothed in the habiliments of modern science by some of its representatives it is cheering to find so distinguished a physician as Dr. Richardson giving no doubtful utterances of his faith in the spiritual nature of man and as to the "wisdom of the uncreated, super-essential, and all-beauteous mind." Dr. Richardson is evidently a Platonist, rather than a Lucretian, as the following extract from "The World of Physic" shows:

> It is fair to infer from the general plan of creation that the simplest organism is the primitive, and that the pure physical existence is the groundwork and the primary necessity of the highest form of living, thinking thing. But, granting this, we, men and women—highest forms on this earth, at all events—are, as Plato magnificently teaches, 'plants not of earth, but of heaven; and from the same source whence the soul first arose, a divine nature, raising aloft our head and root, directs our whole corporeal frame.'

We can heartily recommend the volume to our readers, that once procuring they will not fail to read, and reading they will not fail to acquire knowledge which will be useful to them as men, as physicians, and as philanthropists.

A Treatise on the Theory and Practice of Medicine. By JOHN SYER BRISTOWE, M. D., London, etc. Second American edition, revised by the author. With notes and additions by JAMES H. HUTCHINSON, M. D., etc. Philadelphia: Henry C. Lea. 1879.

Three years have passed since the first edition of "Bristowe" was issued. When the American reprint appeared we took occasion to speak of it in terms of high and we believe just commendation, not forgetting in this commendation the work done by the American editor, Dr. Hutchinson. Certainly the professional appreciation of the book, requiring a second edition so soon, is an unequivocal testimony to its value.

Dr. Bristowe has added a chapter of between thirty and forty pages on insanity, and Dr. Hutchinson has retained most of the notes made to the first edition, adding a few new ones. "Bristowe" has been received both in England and America as one of the best text-books in the English language upon medicine.

The Physician's Hand-Book. By WILLIAM ELMER, M. D., and A. D. ELMER, M. D. New York: W. A. Townsend. 1880.

This old and valued friend comes for 1880 thoroughly revised and entirely rewritten, with many improvements added. Its arrangement makes it both a diary and a manual. It is an excellent register of daily practice, a general memoranda- and cash-book, while it contains a new classification of diseases, a list of poisons, medical weights and measures, a diagnostic record, an index to diseases, etc. It is compact, handsome, handy, helpful.

Photographic Illustrations of Skin Diseases. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology in Starling Medical College, Columbus, Ohio, etc. Parts I., II., III., and IV. New York: E. B. Treat & Co.

This very beautiful work is to be completed in twelve parts, each part to be illustrated by four colored plates taken from life. The pictures are reproduced by the artotype process, and are simply excellent. The letterpress is in pleasant style. Practitioners henceforth, no matter how far they may be removed from the great centers where cutaneous diseases and their expounders most do congregate, can have no apology for not making themselves familiar with both the features of skin affections and their treatment. With drawings taken from life and reproduced with the utmost fidelity, and the letterpress, written with pleasant

conciseness and containing all that is best in the therapeutics of skin-diseases, he that runs may indeed read. The work is a credit to both author and publisher, and should be in the hands of every physician who is not thoroughly familiar with cutaneous affections and their management.

A Dictionary of German Terms Used in Medicine. By George R. Cutter, M. D. New York: S. P. Putnam's Sons. 1879. Cloth, 8vo, pp. 304.

The space which German medical literature now fills in this country, the many medical journals printed in the German tongue, which circulate here, and the numerous American students who repair annually to the medical schools in Germany go to create a necessity for just such a work as that under notice. The Germans have no medical dictionary corresponding to our Dunglison, and the labor therefore of preparing the present lexicon must have been very great. We take pleasure in adding that it has been performed by Dr. Cutter in a truly scholarly manner, leaving all who consult its pages his debtor. The fact that a "pancreatic tumor" is expressed in German by *bauchspeicheldrusengeschwulst* and the pancreatico-duodenal artery by *bauchspeicheldrüsenzwölffingerdarmpulsader* would go to show a dictionary is clearly needed if not a school-master as well. The work being from the press of Putnam's Sons affords the fullest guarantee as to its general make-up.

Walsh's Physician's Handy Ledger. Walsh's Call-Book. By R. WALSH, M. D. Washington, D. C. 1880.

The first named of these works is one of the best-arranged ledgers for the physician ever published. It is really book-keeping made easy.

The Call-book is convenient, simple, and complete.

Clinic of the Month.

PRESSURE AS A SURGICAL MEANS.—Sampson Gamgee, Esq., the well-known Birmingham surgeon, reports the following case as showing the efficiency of pressure in certain surgical affections:

"On the 18th September ult. a bloated, middle-aged man came before me in the out-patient room with his right leg big, tense and purple, and exquisitely tender. From the full notes taken by my dresser, Mr. W. R. Awdry, I condense the previous history, state on admission, and progress under treatment.

"The man had earned his living as a hawker, been a hard drinker, and suffered from many attacks of venereal disease. On admission the right leg was of greatly increased size and of deep purple color, the skin tense and shining, and intensely sensitive to the slightest touch. Circular measurement of the two legs gave the following result:

	Right.	Left.
At the middle of the patella,	18½ inches.	17 inches.
Six inches below, ...	18 "	17 "
Round the malleoli, . . .	14 "	11¼ "

"8 P. M.: I enveloped the limb in a layer of jeweler's cotton wool, over which I constructed a mill-board and bandage-compressing lattice-work. For this purpose I use thin mill-board in the unfinished state, viz. unglazed and only lightly rolled. The board is broken (not cut) into strips one inch and a half wide and from six to ten inches in length. Placing the strips on a metal tray, they soften in a few seconds on pouring over them a small quantity of hot water. The strips are placed diagonally over the limb so as to leave lozenge-shaped spaces, and intersect with layers of bandage. The lattice-work molds beautifully to

the inequalities of the limb, and forms a soft yet strong compressing-shell. Between the turns of bandage and over the cotton wool the moistened strips of mill-board dry very quickly, and they can be re-moistened very readily when the apparatus is taken down to be refitted accurately to the limb as it shrinks, which it does very rapidly. I use soft bandages two inches wide, and apply them in intersecting spirals up and down the limb, scarcely ever making a reverse. So soon as the application was complete the patient pronounced himself perfectly easy.

"September 19th, 9 A. M.: Bandages very loose from the considerable subsidence of swelling which has taken place in the twelve hours since they were applied. I applied another bandage with firmer pressure, and suspended the limb. The patient has passed a comfortable night, with the exception of some pain between midnight and 5 A. M. He is now perfectly comfortable.

"8:15 P. M.: Has been very easy all day. On removing the apparatus the limb is much paler and softer, and scarcely tender on pressure. The patient's spontaneous expression is, 'It is wonderful how I can bear it handled now, and I could not stand a feather touching it last night.' The following are now the circular measurements of the right leg:

		Decrease in 24 hours.
Mid patella, ...	17 inches.	1½ inches.
Six inches below, ...	15⅞ "	2⅛ "
Round malleoli, ...	12 "	2 "

"The strips of pasteboard were re-moistened to fit the shrunken limb, and bandaged to it in a lattice-work over cotton wool, with increased pressure. The application last night, though conducted most gently, caused occasional exclamations of intense pain; but the patient bore it to-night, though executed comparatively roughly, without the least pain.

"The same dressing was repeated daily, and at the end of a week the two legs were of equal size.

"Admitting the beneficial influence of rest and position, there can be no question that the immediate relief of pain and

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the rapid subsidence of swelling were chiefly due to smooth elastic pressure. A similar plan of treatment employed in cases of severe sprain and after other injuries attended with great tension, heat, and pain is followed by equally satisfactory results—almost immediate ease and rapid subsidence. How does pressure act in these cases?

"In the big, tense, shining, purple leg already referred to the extreme sensitiveness admits of explanation by the compression and irritation to which the nerves were subjected in the swollen and solid limb. The irritation of the nerve-filaments, carried along their trunks to the respective vasomotor centers, became a cause of still further vascular excitement; and so a circular chain of intensifying cause and effect became established—more blood and extravasation in the limb, more nerve-fiber irritation, greater vasomotor excitement, and proportionately greater determination of blood and its inevitable results.

"The mere act of laying the patient on his back and raising the foot had a tendency to empty the leg of some of its redundant blood, and the elastic pressure of the mill-board and bandage lattice-work over cotton wool rapidly and powerfully contributed to the same result. The experiment of raising one hand vertically above the head while the other is held dependent by the side proves the rapid influence of position in emptying a limb of its blood, for in a very few seconds the raised hand is pale and comparatively ensanguine.

"Charles Bell* had a clear conception of the ease with which a limb can be emptied of much of its blood by bandaging when he advised rolling a limb before amputation to empty the veins into the general system and save blood. This is the expulsive principle which Esmarch has carried out with so much thoroughness and usefulness in his apparatus for bloodless operations.

"In our big, purple, tender limb the balance of arterial and venous pressure was disturbed beyond the possibility of natural readjustment. It was restored by position and external elastic pressure, and so soon as the normal hydraulic condition of the

* Illustrations of the Great Operations of Surgery, London, 1821, page 58.

local circulation was re-established the man was at ease and the limb quickly softened and shrank.

"In his observations on the treatment of inflammation by digital compression* Vanzetti has advanced cogent clinical experience in support of the principles advocated in this paper: 'From the time when I ascertained that the true method of treating aneurisms is to compress the arterial trunk with the unaided hand I did not doubt that such obvious and perfect means of intercepting the flow of blood in an artery might also be available in the treatment of inflammations in any part in which the principal artery admits of compression with the finger. I have many times employed, without other help, digital compression of the femoral, the brachial, or the sub-clavian in phlegmons, articular inflammations, etc., and I found it so efficacious that I made it the ordinary method of treatment in every emergency in my clinique in which it was practicable. The cause of the salutary effects which must follow diminished supply or retarded impetus of blood to an inflamed part is too manifest to need explanation. . . . Compression will cure every incipient inflammation; but it is obvious that when the inflammatory action has made considerable progress, though it be checked by digital compression, the restoration of the part to its normal state can not be anticipated before time enough has elapsed for the absorption of the inflammatory products.'

"With all deference to the illustrious Paduan professor from whom I have just quoted, compression will do much more than cure incipient inflammation. His precept in favor of digital compression is admirable, and with it he associates elastic compression and elevation of the limb. It will be found that pressure exercises an antiphlogistic and resolvent power of which those who have not methodically tried it can scarcely have a conception.

"I have treated elsewhere at length on the influence of Pressure in Wound Treatment, and each day's experience adds

* Giornale Veneto di Scienze Mediche, volume 10, series 2, translated in Treatment of Fractures of the Limbs, by Sampson Gamgee, London, Churchill, 1871.

strength to the conviction that pressure as a therapeutic agency in the general practice of surgery has not yet attained that position in the estimation of surgeons to which it is entitled on scientific and practical grounds."

A Complete Proof of the Efficacy of Antiseptics.—In a recent lecture in the London Lancet on his favorite theme Prof. Lister describes a case of empyema in a little boy, in which, after opening the pleural cavity, most satisfactory results ensued under antiseptics:

In the first place the skin was well washed with the one-to-twenty watery solution of carbolic acid, which has the power of penetrating the epidermis and hair-follicles and any greasy dirt that there may be on the skin; so that it is quite unnecessary to do as many of our German friends do, wash the skin with soap and water and afterward with sulphuric ether. Give the carbolic lotion a little time to act, and it will be sure to purify the integument.

In the next place, the instruments and the hands having been cleansed with the same antiseptic lotion, we made an opening into the pleura under a thoroughly trustworthy carbolic spray. This, perhaps, of all cases of antiseptic surgery, is that which on the one hand most tests and on the other most demonstrates the efficacy of the spray. It tests it severely, because at every inspiration there is a drawing in of air in some form into the pleural cavity. If the patient is an adult we can say to him, 'Hold your breath,' at the moment we make the incision; 'Hold your breath,' at the moment when we take off the deepest part of the gauze in changing the dressing; but with a young child who is not amenable to persuasion we can have no control over the respiration; and consequently during the operation, and also afterward at every change of dressing, air is drawn freely into the pleural cavity in some form or other. It is therefore necessary, if the spray is to be effectual, to be particularly careful to have a thoroughly reliable apparatus for its production, and that all our manipulations are so conducted that there shall never be a chance of any air other than spray being introduced.

Empyema is therefore a case requiring very special care in the use of the spray; but if that care has the effect of preventing putrefaction—and that this has been the case here is amply proved by the fact which you have all had the opportunity of verifying as I handed

round the glass, viz. that the serum which has been accumulating for days is nevertheless absolutely odorless; if, I say, we avoid putrefaction completely from first to last, under the circumstances of empyema treated with free drainage, this is a complete proof of the efficacy of the spray. The pleura has been filled again and again in the course of these three weeks with atmosphere in the form of spray; and there can be no reasonable doubt that if ordinary unpurified air had entered in the same manner, carrying in its dust through the free opening, putrefaction would have occurred within the pleura. We have here, therefore, as good evidence as any experiment in a laboratory could afford of the power of the spray to correct the septic property of the atmosphere, or, in other words, to destroy the energy of the septic ferments which the atmosphere contains.

In the next place we have used carbolic gauze as a dressing. We have improved upon this gauze of late. The proportions we used of the ingredients were originally one part of carbolic acid to five of common resin and seven of paraffin, the paraffin being added to prevent undue adhesiveness. We have now changed these proportions to one of carbolic acid, four of resin, and four of paraffin. By that means we have in the first place a gauze dressing with half as much carbolic acid again in it. It turns out that this is not too irritating, and therefore that is a great improvement; for the gauze is of course more efficacious antiseptically in proportion as it has more carbolic acid in it. From the diminution of the paraffin we have a little more adhesiveness; but that, I think, is positively an advantage. We do not find it causes any serious inconvenience, and on the other hand it tends to prevent the disposition of dressings to slip upon the skin; it helps to keep them more securely in place.

In order to keep the gauze dressing in position on parts so continuously moved as are the chest-walls, Prof. L. applied the elastic bandage around the dressing with just sufficient force to stretch the rubber and keep the edges of the dressing always in contact with the skin. A thoroughly good spray, and trusting in that alone, to the exclusion of all syringing, etc. of the parts, Mr. L. asserts, will give complete immunity from carbolic-acid poisoning, of which he says he has not had one single instance of any moment whatever during his two years' practice in London. There are, he admits, rare idiosyncracies where carbolic-acid poisoning may occur in spite of the needless introduction of

the agent into the system, and says he has seen them himself. In such individuals a good substitute for the carbolic gauze is the boracic-acid dressing. He considers this, however, too mild for other than superficial wounds. In deep-seated affections like empyema he would substitute salicylic acid in the form of salicylic jute, applied in pretty large mass, and covered externally by a piece of mackintosh.

Salicylate of Soda in Rheumatism.—Dr. William Squire gives in the London Lancet an abstract of a paper he recently read before the Harveian Society, which contains the following: "Salicylate of soda may be given to patients at all ages and in all stages of the disease. Not only is cardiac disturbance quieted, but the pulmonary congestion, meteorismus, diarrhea, and profuse perspiration of persistent rheumatic fever in debilitated persons are relieved, and the pale urine, deficient in urea, in these prolonged cases, is soon restored to its normal quality. In acute rheumatism salicylate of soda is preferred to salicylic acid. It is readily soluble, is neither irritant nor disagreeable if well diluted, is more readily absorbed, and its effects are much more prompt, certain, and manageable. Five grains of the salt equal four grains of the acid—a sufficient dose for a child of six or eight years old. Adults require three or four times this quantity. It must be given every two or three hours till we have some evidence of its action. This is to be looked for after three or four doses. When six or eight have been given in this way they need only be continued every four or six hours for another day, and can be resumed in the same way if fresh pain or fever arise. Salicylic acid must be converted into salicylate of soda in the blood before its action on rheumatic fever begins. A definite quantity of the acid can be dissolved in presence of potash, lithia, or ammonia, and be so given with or without effervescence. Individual fancies in prescribing are unimportant so long as no other thing than the quantity of acid prescribed is considered as in any way influencing the result to be sought. Salicin and salicylic acid are spoken of together; for salicin,

when taken, is converted more or less completely into salicylic acid. It has to be given in larger doses, the therapeutic influence is less prompt and varies with the rapidity of conversion, but is always directly in proportion to the quantity of acid produced. Without the noxious properties of carbolic acid, salicylic acid has greater power to arrest the action of both organized and unorganized ferments, itself undergoing no change. The vitality of the former is destroyed, while the activity of the latter is renewed on removing the acid. For this an infinitely small quantity of the acid suffices. One to twenty thousand will preserve saccharine fluids from fermentation. The action of such ferments as amygdalin or the myrosyne in mustard is as effectually checked by its presence as of diastase, the fibrin ferment, or the lactic acid fermentation. Such an action of salicylic acid in rheumatism is necessary to a full explanation of its influence in that disease. Whenever the stage of acid perspiration is reached then we have the most marked effect of the remedy most rapidly produced. The acid character of the perspiration is acquired only at the skin; the acid products of the change of muscular tissue are formed within the muscle. Salicylic acid is liberated from its soda salt in the blood exactly where the fermentation peculiar to rheumatism can be stopped at its origin. This arrested, time is given for matters acting as the ferment to be eliminated. Herein consists the difference in action of salicylic acid in rheumatism and in other fevers. In typhoid a full dose lowers the temperature as the cold bath does, but exerts no special action on the disease. A single dose before the febrile exacerbations is here as effective and more safe than smaller repeated doses. In rheumatism repeated doses are most useful. The intimate action of salicylic acid as an anti-ferment is serviceable in both acute and chronic rheumatism."

Excision of the Hip-joint.—Mr. Croft thus concludes, in Medical Times and Gazette, an analysis of forty-five cases of excision of the hip-joint: "When (*a*) there is a collection of fluid

in and about the joint in a case of well-marked hip-disease in which all the physical signs are present, and especially starting pains, antiseptic incision should be made, as if the surgeon intended to excise, and he should only desist on finding the articular structures in a condition from which they could rapidly recover and yield a movable joint. (*b*) When pus associated with pan-arthritis (strumous disease of joint) is known to be present, even if the surgeon is uncertain with regard to the state of the bones, he should excise. (*c*) If the surgeon is certain that necrosis has occurred he should excise. Causes of failure in excision of this joint: (*a*) Operating too late in the progress of the case; not removing enough (1) in the acetabular region, (2) of the femoral portion, (3) of the synovial membrane and capsule. (*b*) Not providing free exit for discharges. (*c*) Not operating antiseptically. Lastly, he claimed for what he had termed early, or relatively early, operation: 1. That in cases of *tubercular* disease early complete excision affords the best prospect of cure. 2. Immediate relief from pain of tension and spasmodic starting pains. 3. That it is made before muscles are much atrophied or stiffened by inflammation products. 4. That it shortens the duration of suffering and illness. 5. That it enables the child to go about earlier than it could if left without interventive treatment. 6. That it enables the surgeon to procure a painless movable joint at the hips. 7. That the shortening is only a trifle more than it is in the most favorable cases of anchylosis after destructive strumous disease of the joint."

Anesthesia of the Larynx. — Dr. Wm. C. Glasgow (St. Louis Courier of Medicine) secures anesthesia of the larynx by means of carbolic acid in solution, one to five and one to eight of water, applied locally. He reports a case of phthisis "with an enlarged hyperesthetic follicle in the pharynx. Pain on swallowing was so severe as almost to prevent the taking of food. The solution of carbolic acid, in volume one to five of water, was applied to the follicle. Intense burning experi-

enced, which lasted twenty seconds, followed by complete relief, and swallowing was performed without pain. Application made daily, one half hour previous to meals, which could then be taken with great comfort." A patient with follicular inflammation and enlargement of tonsil, accompanied with neuralgic pain. Tonsil touched with a solution of carbolic acid, one to six. After a few seconds burning ceased, and complete relief felt for two hours. Dr. G. concludes by saying that the "application causes an intense burning, which lasts about twenty seconds. The anesthetic condition continues about two hours. The strength of the solution necessary to produce anesthesia varies somewhat in different persons. It is recommended that the weaker solution be applied first, and this can be followed by the stronger solutions. The first application is the only one causing pain."

Injections of Chloride of Zinc in Ranula.—The solution employed is the deliquescent chloride of zinc, which is transparent in its upper strata, and turbid at the bottom of the vessel. Use a syringe of gutta-percha, which can not be injured by the liquid. The injection is easily made. The canula should be introduced to a certain depth. Immediately a sensation of heat is produced, which soon irradiates and spreads throughout the mouth. The syringe is removed, and a small white spot is seen at the point of puncture. The quantity of liquid injected should never exceed two drops, and should sometimes be less. In a short time the burning sensation extends to the side of the face, and is replaced by neuralgic pains. It may also take on the character of inflammatory pain, and give rise to dysphagia. Sometimes even there are respiratory troubles, which proves that the edema may extend to the opening of the larynx. The swelling takes two or three days to attain its maximum, and may then be of considerable proportions. At this crisis the patient may suffer positive anguish, but after the third day only a small amount of inflammatory induration at the level of the ranula remains. The swelling, which still persists, disappears

gradually, and the original tumor disappears completely. These are the principal phenomena noted after operation. Le Dentu has performed it six times. The first patient was a woman having a tense elastic but depressible ranula. Two drops of chloride of zinc were injected into the tumor, and the result was a very acute and even alarming reaction, causing apprehension of some complication. However, none occurred, and the patient was radically cured. In second case patient had already been operated on, and tumor had again made its appearance. One drop and a half injected into the ranula, which was small, induced no reaction, but only a little pain and swelling. Cure was complete. A woman had a very full and tense tumor. With two drops of chloride of zinc the reaction was extreme; dysphagia and even dyspnea were produced. Nevertheless, cure was effected, as in the other cases. A ranula developed itself in a girl, aged ten, and opened itself every week by the same orifice. A drop and a half brought on only an ordinary reaction, such as is desired in all cases, and was followed by a cure in ten days. Finally, in two cases in which small ranulæ were present, half a drop only was injected. A small unimportant sphacelus was produced, which in no way hindered the cure. Le Dentu concludes that the injection of chloride of zinc into ranulæ constitutes an almost infallible method of cure, but of which the handling demands important precautions. The reaction is variable, according to the case, and probably has reference to the previous condition of the sac. The tension of the sac appears to have a great influence on this result, and in the cases in which it was very pronounced reaction has been the most marked, so that it may be questioned whether it is not indicated to relax the sac, by previously removing a certain quantity of the liquid contained in it. It is equally important to define the quantity of chloride of zinc to be used for the injection. A drop or half a drop is sufficient for small ranulæ. In tumors of a medium size a drop and a half, and in fully developed ranulæ two drops are the maximum, which should never be exceeded. In children especially only very small doses should be used, because

the serious phenomena of reaction are more to be feared than in adults. (London Medical Record.)

THE NEW ANESTHETIC—THE BROMIDE OF ETHYL.—Dr. R. J. Levis, Surgeon to the Pennsylvania Hospital and to Jefferson College Hospital, describes the bromide of ethyl, or hydrobromic ether, as a colorless liquid, with a specific gravity a little greater than that of water. It has a decided and characteristic odor, which is thought to resemble that of chloroform, but is less agreeable. It vaporizes more readily than chloroform, and in this respect and in density is intermediate between ether and chloroform. It seems to be entirely eliminated through the lungs, and in this regard has a decided advantage as to safety over chloroform. The high vaporizing point of chloroform does not permit its rapid elimination from the body, and it is not entirely removed by the lungs. So when some secreting organs happen to be, from disease, incapacitated, the nervous system is liable to become overwhelmed. The odor of the bromide of ethyl remains for a longer time on the breath of a patient than does that of ether or chloroform, but it seems to be quickly dissipated from the apartment in which it has been used. Its vapor is quite unirritating to the respiratory passages when inhaled, and in this quality has the advantage over both ether and chloroform.

I have now had sufficient experience upon which to at least base some very decided impressions of its value. Its principal physiological characteristics, which will concern the surgeon, are its rapidity of action and the quickness of recovery from its effects. As far as observed by me it does not influence the circulation, excepting to sometimes produce a slight increase in the rapidity of the heart's action and in arterial tension or pressure. The cerebral anemia and the fatal syncope of cardiac depression, to which chloroform is liable, are dangers which do not appear to threaten in the anesthesia of the bromide of ethyl. Respiration is but little influenced by the bromide of ethyl, as I have administered it, beyond the ordinary characteristics of all anes-

thetic sleep; but in this respect its action seems more to resemble that of ether than that of chloroform. Nausea and vomiting appear to occur less frequently in the anesthesia of the bromide of ethyl than in that of ether or of chloroform, and the rapidity of recovery from its effects must render such impressions very brief and transient.

General excitement and the tendency to struggle occur far less frequently than in the early stages of the anesthesia of ether, and, apparently, even in that of chloroform. It is evident that the impression on the motor centers must be very rapid, and I estimate that complete anesthesia is accomplished in one third less time than is the case with chloroform. The recovery from its effects is even comparatively more rapid, in the greater number of cases the time not exceeding two minutes after the inhalation has ceased. Muscular co-ordination is so quickly regained that the patient is often able at once to stand and to walk on awakening from profound anesthesia. The pupils dilate as soon as complete anesthesia is induced, and they resume their normal condition as the sentient state returns. I suggest that the condition of the pupils may be an index and guide in the administration. Anesthesia with the bromide of ethyl is usually effected in from two to three minutes. The most rapid production of complete insensibility, in my experience, has been in one minute, in the case of a girl eight years old; the longest period has not in any case exceeded four minutes. When carefully administered, the quantity consumed has varied from one fluid-dram in the case of a child, iridectomy being performed, to eleven drams used during an amputation of the forearm of an adult, occupying forty minutes, including the ligation of the vessels and the dressing of the stump. The quantity of the article consumed in effecting anesthesia will greatly depend on the method and manner of using it. Much of it is, of course, wasted by diffusion in the atmosphere. With great regard for economy, this waste may be prevented by imperviously covering the material on which it is poured. My own plan with adults is to pour two drams of the bromide of ethyl on a small napkin folded up to

a space of about four inches square, and then laid on a larger napkin, folded so as to be large enough to cover the entire face of the patient. It is well to secure the two napkins together with a pin. The vapor of the bromide of ethyl is not inflammable; indeed, when dense, it extinguishes a flame if brought into contact with it. The article used by me was made by the firm of Powers & Weightman. The ordinary essentials of the proper and safe production of anesthesia are required in the use of the bromide of ethyl.

It is becoming evident that the dread of unavoidable disasters from chloroform and the inconveniences of ether are tending to prevent their humane administration in many cases where the blessing of anesthesia is due to the sufferer. While feeling inclined to impress caution in regard to the use of so powerful an agent as the bromide of ethyl, I am, from a basis of experience, inclined to recommend its use to the profession.

Physiological Action of Drugs on the Secretion of Bile.—Dr. Rutherford, Professor of the Institutes of Medicine in the University of Edinburgh, concludes his memoir on this subject in the December number of the Practitioner. It is clearly to be counted among the most valuable contributions of the times to practical medicine.

Prof. R. claims that "by means of a novel and precise method of investigation, he has been the first to place the whole subject of the physiological actions of drugs on the bile-secreting function of the liver upon a sound footing, and thus to lay a real foundation for the rational, that is, scientific, treatment of many diseased conditions of this important organ; and it is gratifying to know that, in consequence of this research, many physicians have been led to use new remedies to which we have specially directed attention." He says, "We are satisfied to have shown that every substance supposed to be a cholagogue has, with the exception of calomel and sulphate of manganese, the power of exciting the bile-secreting mechanism; and, as our estimate of their powers, from an observation of the bile-secretion only, so

closely agrees with observations on the human subject, where actions on the bile-secreting and on the bile-expelling mechanisms can not be distinguished from one another, we can not but infer that surely their actions on the human subject must be chiefly on the bile-secreting mechanism." Dr. R. has placed the whole question of the action of drugs on the liver on a new footing. He shows: 1. "That there are substances which depress the secretion of bile. To this group belong purely intestinal stimulants, which cause a copious secretion from the intestinal glands; for example, sulphate of magnesia, sulphate of manganese, castor oil, gamboge, calomel, ammonium chloride, etc., and acetate of lead, which seems to exert a directly depressant influence on the liver. 2. That there are substances which stimulate the liver, and either do not stimulate the intestinal glands at all, or only to a trifling extent. To this group belong ipecacuanha, sodium benzoate, ammonium benzoate, sodium salicylate, ammonium phosphate, and dilute nitrohydrochloric acid. 3. That there are many substances which excite both the liver and the intestinal glands. To this group belong iridin, euonymin, podophyllin, phytolaccin, baptisin, hydrastin, juglandin, leptandrin, sanguinarin, colchicum, rhubarb, aloes, colocynth, jalap, sodium phosphate, sodium sulphate, potassium sulphate, Rochelle salt, and corrosive sublimate. The relative effects which they produce on the liver and intestine, and their influence on other parts of the organism, vary much with the different drugs, so that the physician has a long list from which to select substances suitable for affecting the liver in those who are simply bilious, or who also suffer from gouty, rheumatic, dysenteric, or other conditions."

Pilocarpine in Night-sweats of Phthisis.—Dr. William Murrell, of Westminster Hospital, London, gave pilocarpine, the alkaloid of jaborandi, in seventeen cases of consumption night-sweats, in all of which it did some good, and in most cases was a great success. Gave it in pill—one twentieth of a grain at bed-time only or three or four times in the day. When the sweating

is purely at night a dose at bedtime seems to do as much good as if it were given three times a day.

"It is a good plan when the sweating at night is very severe to give a pill three times during the night, or should the patient be fortunate enough to sleep well, to give three pills before going to bed, allowing an interval of half an hour between each. As a rule but little improvement is noticed on the first night, but on the second and third nights the sweating is much less, and by the end of the week has completely disappeared, or is so slight that it produces no inconvenience. Pilocarpine acts somewhat slowly, but is very efficacious. It does not overdry the skin, but leaves it comfortably moist, and in this respect it resembles picrotoxin. A watery solution is tasteless, an advantage in the case of children. After the sweating has been checked by pilocarpine there is, as a rule, no return for many weeks. In four cases I gave half-grain doses of the pilocarpine on alternate nights at bedtime. These large doses prove very successful in checking the pathological sweating, but they give the patient some inconvenience, and have no advantage over the ordinary medicinal dose."

Treatment of the Mother of the Syphilitic Child.—A late discussion in the Lyons Medical Society disclosed the fact that the following opinions were held by members: 1. Healthy children can be procreated by diseased parents in the intervals of syphilitic recrudescences; 2. The syphilitic mother should always be made to suckle her child; 3. Mercurial treatment of the mother during pregnancy may give rise to an abortion, apart from the constitutional disease; 4. Mercurial treatment at such times is best conducted by the process of inunction. (Archives of Dermatology.)

Salicylic Acid in Psoriasis.—A solution of salicylic acid in alcohol (1 in 16), when rubbed over the psoriasis patch, removes the scales in a few minutes, and then prepares the skin for further treatment.

Double Pneumonia and Abortion. — Dr. Rutherford, of Macon, Georgia, gives, in Philadelphia Medical and Surgical Reporter, the following:

"Was called to see a white woman, aged thirty-three, suffering with double pneumonia. Ordered a mush poultice for both sides of the thorax as hot as patient could endure it, acetate of ammonia in dram doses every three hours, five grains of dextro-quinine every six hours. Next day patient being no better, increased dose of dextro-quinine to twelve grains. At 9 P. M. the patient had had three doses of dextro-quinine, and the symptoms were much improved. Dextro-quinine was given only twice during the night. Next morning rational symptoms improved, though the dullness was as great. During the next two days the acetate of ammonia was continued in one-dram doses every four hours; five grains of dextro-quinine given three times a day.

"Was called in haste to find pulse 135, respiration very rapid, skin very hot. Two slight convulsions came on while I was with her. Ordered beef tea and milk frequently in small quantities, tincture of veratrum in small doses every hour. Four o'clock saw her again; labor-pains were on her; she was four months advanced. Found the os dilated, perineum soft and yielding, but little hemorrhage. Fetus was now expelled minus the placenta. The shock this abortion inflicted on the system was fearful. Patient became semi-comatose; pulse went up to 150, small and thready; breathing diaphragmatic. Several convulsions then came on; face pale, skin hot, extremities cold. Directed twenty grains of dextro-quinine dissolved in a solution of tartaric acid. Repeated this in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten other grains of the quinine. By night she recovered her senses. Next day I found to my surprise that the dullness over the lung had diminished greatly. I now removed

the placenta with a hook. But little hemorrhage occurred. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time convalescence went on uninterruptedly.

"I make no comments on this case, but ask the attention of the profession to the line of treatment followed, which was here successful, and will, I believe, be found so in cases of pleuro-pneumonia, intermittent fever, and allied diseases."

IODOFORM paste, prepared with a view to diminish or disguise the odor of the drug, is formed by rubbing the powdered iodoform with equal parts of mucilage and glycerin in sufficient quantity to make a soft mass, and then adding a minute quantity of some essential oil; for this latter nothing has been found better than the oil of peppermint, which was recently suggested in one of the German periodicals.

℞.	Iodoformi, ...	ʒj;
	Mucilag. cum glycerino, ...	gtt. xx;
	Ol. menth. pip. (seu neroli, seu carophylli),	gtt. j. M.

(The Medical Gazette.)

ARTICULAR AFFECTIONS IN HEREDITARY SYPHILIS.—Knaak, of Bremen, claims that many of the joint disorders occurring in the early life of infants are explicable solely on the hypothesis of syphilis of the parents. The so-called tumor albus, with painful attempts at motion, which elicit loud cries, affects one or several joints. No one articulation remains swollen for more than a few days, and all the principal joints may suffer in turn. Frequently there are no other symptoms of syphilis, but sooner or later, in the majority of cases these are declared. (Archives of Dermatology.)

TREATMENT OF ASTHMA BY POTASSIUM IODIDE.—Every one knows how difficult it is to cure or even to benefit the majority of patients who suffer from asthmatic dyspnea, whether the

asthma be chronic or symptomatic. Many medicines have been proposed, but they have failed in their purpose, and have consequently fallen out of use. Prof. Sée, after a great number of investigations, has at last been led to adopt heroic treatment in nearly every case. He administers iodide of potassium at the outset of the disease in a sufficient dose—that is, at least 1.50 grams, increasing it progressively to 3.4 grams, and only limiting the use of the drug on the appearance of symptoms of iodism. It is found that in this way alone is the action of the remedy real and effectual. (Practitioner.)

On Several New Remedies.—Dr. M. R. Morden, of Adrian, Mich., writes, in New Preparations, as follows:

"Cascara sagrada in moderate doses is, I believe, the best single remedy for costiveness yet introduced into practice. I combine it with nitro-muriatic acid, and sometimes add one-fortieth-grain doses of strychnia. Have tried cascara cordial in upwards of thirty cases. It is too weak for dram doses, and I think more of the *base* can be used and not much injure its claims for elegance.

"Yerba santa in chronic or slow forms of inflammations of the respiratory tract is a valuable agent. If given early it will often disappoint. Later the yerba santa will be found highly useful, and especially so if there is considerable expectoration with cough and hoarseness. I prescribe it with extract of malt—fifteen to twenty-five drops in one or two drams of malt three to six times a day.

"Grindelia robusta in three cases of hay asthma proved utterly worthless, and in one case positively mischievous.

"Rhus aromatica given in five cases of incontinence of urine in children and young persons; results not flattering; seemed to benefit in three of the cases.

"Coto bark in a few cases of diarrhea and dysentery did not give as good satisfaction as older and well-known remedies.

"Damiana in the few cases tried did not yield results I had hoped for."

Notes and Queries.

REMINISCENCES OF THE OLD ROYAL INFIRMARY OF EDINBURGH.—A writer in the Medical Times and Gazette thus pleasantly discourses on some of the spirits who were teachers in this renowned school half a century ago:

The two acting surgeons at that time were Robert Liston and Dr. John Campbell. Of the former we need not say much. To say 'Robert Liston' should be enough—a great surgical genius, unrivalled as a bold and dexterous operator, and not less skillful in the diagnosis and treatment of surgical disease. We have seen and known many great surgeons, but we have seen none in all respects his equal, and we look back with gratitude to instruction received from him alike in the lecture-room and in the hospital. His handsome powerful figure, his coolness, presence of mind, and readiness of resource in emergencies are things to be remembered. He had his failings (not in surgery): his temper was not quite angelic and rather uncertain. If things were going on well, with his patients he was as pleasant as possible; but if any special case or cases were going wrong the less you came in his way then the better. Besides his professional talent, Liston possessed great tact, and his general attainments and social qualities brought him into contact with many of the eminent men of his day in Edinburgh, especially with the band of young literary men and others whom Christopher North had rallied round him. In the original "Noctes Ambrosiana" Liston figures under the title of the "Great Northern Anatomist." His colleague, Dr. John Campbell, was a gentleman of an old family, amiable in manner, and possessed of a quiet dry humor that broke forth ever and anon, to the amusement of those who followed his visits. He was a well-informed surgeon, not a brilliant, but fairly good operator in ordinary cases. His private practice was more general than surgical. The assistant-surgeon, John Lizars, is well known in the annals of surgery. Bold and fearless, almost reckless, as an operator his knowledge of after-treatment was scarcely equal to his operative dexterity. He was the first in this country to carry out in practice the operation of ovariotomy, which

had been suggested by his former master, John Bell, and he did so in the face of a professional opposition which would have daunted most men. In vaunting the successful results of ovariotomy in the present day, the honor due to Lizars for what he did under great difficulties is too much forgotten, or only grudgingly acknowledged. He taught both anatomy and surgery, as was allowed then, and, his time being thus occupied, he seldom appeared except on operation-days. The two acting surgeons divided the cases between them, one taking one side of each ward, and the other the opposite side. Both surgeons visited at the same hour, and so each passed with his staff and following of students, the surgeons wearing white linen aprons, whilst the dressers were distinguished by blue checked aprons. As venesection and cupping were then in fashion, a certain number of dressers from each surgeon's staff were told off weekly for the purpose of bleeding patients in the medical wards, and to assist the visiting cupper of the hospital, and they generally had plenty to do in both methods of depletion. We wonder how many clerks or dressers of the present day have either seen, or themselves performed, venesection or cupping.

Dr. Short, one of the physicians, had served in the Medical Department of the Army, and had been one of the medical attendants of the Great Napoleon at St. Helena. Owing to that circumstance, or perhaps from his habit of crossing his arms on his breast and posing *à la* Napoleon, he was very generally known to the students as "Napoleon," or "Napoleon Short." In the wards he was rather fond of trying new remedies, and of getting favorable results by putting leading questions to the patients. He occasionally was peculiarly emphatic in giving directions as to treatment—a habit he may have acquired during his military career, for we fear that long after Uncle Toby's day "our troops swore terribly" in other places than Flanders. When we first knew him he was in our eyes the beau-ideal of a successful fashionable physician. Sometimes we saw him in chariot and pair; then in a smart cabriolet, with high-stepping horse and a tiger hanging on behind; not unfrequently he rode *à la militaire*, with the tiger on horseback at respectful distance.

Among the consulting physicians one form stands prominently out in our remembrance, though not so frequently present in the wards as others. If you were a stranger in Edinburgh and had happened to visit the infirmary, you might have encountered in the hall or on the stair a vision which would have caused you to question whether or not you were dreaming, or whether you saw the ghost of some ancient physician revisiting the scenes of his earthly life, for there, in cocked hat and court-coat, knee-breeches, silk stockings, and shoes

with silver buckles, comes a smart old gentleman who moves with a half-shuffling or gentle dancing motion, his toes slightly turned out. His silks fit closely to his well-formed legs; you note the ruffles at his wrists overhanging the gloveless hands—white and delicate, but always gloveless. As he passes you perceive that his hair is powdered, and that down his back hangs a carefully-dressed queue. If curiosity prompted you to follow the apparition into the street you would find that it created no sensation, for it is a familiar presence there. It is no ghost, but Dr. James Hamilton, senior—"Hamilton on Purgatives" of aloetic memory—"Cocked-hat Hamilton," or, briefly and affectionately, "Cocky Hamilton." Dr. Hamilton had been long one of the physicians of the infirmary, and, even when we recollect him, still enjoyed a good consulting practice, and was much beloved by all classes. He never doffed the dignified dress of his early days, and it became him well. We said he never doffed that style of dress, but we should have added in Edinburgh. For our own part, we could not have believed he could have worn any other; but we have it on the authority of Dr. Tweedie, who had been his resident physician in the infirmary, that some years after he settled in London a gentleman was shown into his consulting-room. There was something in the gait and manner of the stranger singularly familiar, but Dr. Tweedie felt at a loss, for the gentleman was dressed in ordinary morning-dress, and carried in his hand a modern hat. "O," said he, "you 're not sure of me: I 'm Dr. Hamilton; but when I come to London I don't want to be mobbed, and so I dress like the rest of you."

Let us try to recall, as in procession, the forms once so familiar to us there. Let the younger men pass first. The surgeons, Liston and Campbell: the former tall and powerful in form, dressed in dark bottle-green coat with velvet collar, double-breasted shawl vest, gray trowsers, and Wellington boots, the thumb of one hand stuck in the arm-hole of his vest, comes along in an easy-going way, chewing an orange-wood toothpick. Beside him comes Campbell, tall and powerful also, but looking small by contrast, with a good-humored smile upon his face, possibly making some jocular remark to Liston; and if Lizars be with them, they are probably bantering him on some hunting exploit, for Lizars, like Liston, was a Nimrod famous for "going at any thing," but frequently coming off his horse involuntarily, and so is joked at. Following at a distance come the military figure of Sir George Ballingall and the frailer form of the professor of clinical surgery. And now from the University medical wards come the well-known forms of Christison, Alison, Duncan, and Home; while from the ordinary physicians' wards come James Gregory, Borthwick, Short,

and Spens. The old courtly form of Dr. James Hamilton comes along with its gentle dancing walk, and closes the procession—the link in a chain of old infirmary worthies which connects the early part of the present with a time far back in the preceding century.

OBITUARY.—Died at his residence at Milton, Indiana, Dr. Jas. J. Dailey.

On the 7th of December, 1879, Dr. Dailey was taken with pneumonia, which resisted the best medical skill. He rapidly declined until the 17th, when he died at the age of forty-six years. He was a man of high order of usefulness, and his loss will be seriously felt in his vicinity as a physician, as a Christian, and an earnest worker in every good cause. He was born in Raysville, Indiana. When a young man he taught school. At the age of twenty-one he began the study of medicine with his cousin, Dr. Wm. Dailey, of Fayetteville, Indiana. He attended three courses of lectures, one in the Eclectic College of Cincinnati and two in the Ohio Medical College, and graduated in the latter school in 1871. He first located in Fayetteville, thence removed to Acton, thence to Rushville, thence to Bentonville, and finally located in Milton in 1872, where he remained until his death. In 1854 he was married to Miss Goodwise. His wife and two of their four children are still living.

Dr. Dailey was a popular and successful physician, and was in active and laborious practice up to the day he was stricken with the disease which proved fatal. A member of the Wayne County Medical Society, he took an active interest in its work, and never failed to perform his part of its duties.

At the last meeting of the Wayne County Medical Society, Dr. S. S. Boyd was appointed to prepare the above obituary notice and the following resolutions which were adopted unanimously by the society:

Whereas, Dr. James J. Dailey, a worthy member of our society, has been taken from us in the prime of his usefulness, whose presence will long be missed by this society; therefore

Resolved, In the death of Dr. James J. Dailey this society has lost

a valuable member, society an arduous laborer in all good works, and his family a kind husband and father; and that we, the members of the Wayne County Medical Society, condole with them in their great bereavement.

Resolved, That a copy of the above be sent to the wife and children, and one to the AMERICAN PRACTITIONER for publication.

BIRMINGHAM, ENG., December 21, 1879.

My Dear Professor Yandell:

In one of your published letters toward the close of your last European tour you named me as one of the British surgeons from whom your readers might expect a communication. If I have not fulfilled your promise it has not been for want of appreciation of the honor it implied, and I shall endeavor to make good in 1880 what I did not in 1879. By the courtesy of our friend Dr. Brunton, the distinguished editor of the London Practitioner, I am able to send you the proof of A Clinical Note on Pressure, to be published in the forthcoming number of that serial. The manuscript was sent to press before I had read in your November issue (page 310) Dr. S. T. Boyd's instructions "How to Prevent Mammary Abscess," with which I beg leave to express unqualified assent. I never tire of repeating that "rest, position, and pressure are the trinity of the healing surgical graces, but the greatest of all is pressure"—a truth of which the demonstrable rationale is but imperfectly understood and the practice too frequently neglected. I derive so much instruction from the works of the masters of American surgery that I hope I may some day have leisure to accept the offers of hospitality I have received from so many of them, and enjoy the satisfaction of personally acknowledging the depth and sincerity of my obligations to them, and to none more so than yourself.

Believe me, dear Dr. Yandell,

Your faithful friend and colleague,

SAMPSON GAMGEE.

The very interesting "note" of Mr. Gamgee will be found in Clinic of the Month.

MR. GLADSTONE'S ESTIMATE OF THE MEDICAL PROFESSION.—Mr. Gladstone, who is rector of the University of Glasgow, recently delivered an address in that renowned institution, in which he said concerning our calling: "Here, indeed, much is changing, but all in the direction of advance." It was impossible to doubt that the profession had learned much for the benefit of mankind, and was honestly and resolutely set on learning more. It had not only become more learned, but more intelligible; and by becoming more the interpreter and assistant of nature the medical attendant assumed a ground common to him and his patient, whose co-operation and obedience he the better secured. One effect of this advance in the learning and the usefulness of the profession of medicine was an improvement in its social status, so that equality with the other cultivated or leisured classes, which was only granted a century or two ago to the chiefs of the profession, and "that in only one of its branches," may now be said to be the enjoyment of its members generally, and as of right. More than all this, medicine comes to be important in view of the growing complexity of life, which seems to involve a growing complexity of disease, and of medical study. The enhancement of interaction between body and mind both enlarges and elevates the province of the medical man, brings him more and more into the inner sanctuary of our nature, quickens the search for expedients by which he may even "minister to a mind diseased," and gives to his art more and more frequently the character of a joint process operation on the seen and the unseen parts of our compound nature, promising to make medicine more and more "not an art only, but also a philosophy."

AT a meeting of the Committee of Arrangements of the American Medical Association, held in New York, December 3, 1879, the following committees were appointed: Committee on Buildings—Drs. M. A. Pallen, M. H. Burton, W. M. Polk; Reception Committee—Drs. Jos. C. Hutchison, W. M. Polk, M. A. Pallen; Finance Committee—Drs. Stephen Smith, A. A. Smith,

W. R. Gillette, R. F. Weir, M. H. Burton, E. H. Parker; Committee on Business—Drs. M. A. Pallen, Joseph C. Hutchison, Stephen Smith; Committee on Invitations—Drs. W. M. Polk, R. F. Weir, E. H. Parker; Committee on Entertainment—Drs. C. I. Pardee, M. A. Pallen, R. F. Weir; Committee on Printing—Drs. R. F. Weir, Stephen Smith, W. R. Gillette.

NEW JOURNALS, CHANGES, ETC.—*The Chicago Medical Gazette*, semi-monthly, edited by Dr. E. C. Dudley, formerly House Surgeon at the Woman's Hospital in New York, is among the new comers for 1880. We wish it success. The first number shows honest work, much editorial ability, and great independence.

The Alienist and Neurologist, a Quarterly Journal of Scientific, Clinical, and Forensic Psychiatry and Neurology. Edited by C. H. Hughes, M. D., and an associate corps of collaborators. St. Louis. This too is a new candidate for public favor which comes in a handsome dress and abounds in valuable matter. If it is able to fulfill the promise given in its opening number it can not fail to make its way to a very high place among journals of its class and acquire what it deserves, a host of readers. The salutatory is somewhat stilted, more so, we fancy, than is native to the editor, and leads us to ask, is this the natural outcome of studies in psychology and neurology? However this question may be answered, we gladly place the journal on our exchange-list, and should be pleased to know that it found scores of friends among the readers of the AMERICAN PRACTITIONER.

The Boston Medical Journal, our old and valued friend, on the 1st of January changed its form, and now appears as a quarto sheet. Its ancient habiliments are to memory dear, but its new garb is the better dress.

The Hospital Gazette has become the Medical Gazette, Dr. C. L. Bermingham continuing as editor. Beginning as a small monthly, the Gazette has been steadily enlarged until now it is one of our largest weeklies. Dr. Bermingham has shown both energy and pluck in its management, and while we can hardly believe him in earnest when he "claims for it the leading posi-

tion in American medical journalism," we cheerfully concede that the Gazette is a very live, strong, and useful publication, which no practitioner can read without profit.

The Saint Louis Medical and Surgical Journal will hereafter be issued as a semi-monthly. We wish it success in its new venture. We are assured that the prospects of the Journal were never brighter.

The Practitioner, an independent monthly journal, edited by Harvey L. Byrd, A. M., M. D., and Basil M. Wilkerson, D.D.S., M. D., Baltimore, was, with the beginning of the new year, "launched forth," we are told, "upon the sea of journalism to take its chances for public favor among the many craft now sailing more or less propitiously thereon." We wish the comely youngster had appeared under another name. The Practitioner (London) reprinted in this country, The American Practitioner, The Southern Practitioner, and The Country Practitioner make, we must be allowed to say, *about* as many publications as can sail even on the multitudinous sea of journalism without risk of getting mixed. As the rose is declared to smell as sweet by any other name, we hope our several native friends will see cause to don a new title with the year 1881. With this gentle hint we wish the lines of all our namesakes may fall in pleasant places.

THE staid Boston Medical Journal, after comparing the preliminary examinations of several medical colleges, remarks: "It will be a matter of some surprise to many to find that Harvard's standard is lower than that of any other of the above schools, and we may add that the method of conducting the examination is so lax as to make it of little if any value as a test of the applicant's fitness to study a profession." "Can such things be and o'ercome us like a summer's cloud without our special wonder?" No!

THE PLEASURES OF OFFICE—IN AN ASYLUM.—As Dr. G. was showing some lady visitors over the asylum of which he is the medical superintendent, they came to a room in which three

women were sewing. "Dear me!" one of the visitors whispered, "what vicious looking creatures! Pray what are they here for?" "Because they have no other home. This is our sitting-room, and they are my wife and two daughters," blandly replied the doctor.

PIERCE's Golden Medical Discovery is said to contain in each bottle one dram of the extract of lettuce, one half dram of the tincture of opium, three ounces of dilute alcohol, one ounce of honey, and three ounces of water. Pierce perhaps fell upon his discovery while reading that the bar-maid at the Town Arms "hocussed the brandy-and-water of fourteen unpolled electors as was a-stoppin' in the house." "What do you mean by 'hocussing' brandy-and-water?" inquired Mr. Pickwick. "Puttin' laud-'num in it," replied Sam. And no doubt many a person who swallows the Discovery sleeps, as did the unpolled electors, "till twelve hours arter the election." "Strange practices these," said Mr. Pickwick.

MEDICAL STUDENTS.—The number of medical students now in attendance at the seventy regular schools in the United States is between eight and nine thousand. In the twenty-five German Universities there are five thousand two hundred and thirty. In the twenty English schools there are about one thousand.

CODMAN & SHURTLEFF, the great surgical furnishers, give notice that one M. Picker, now traveling in the South and pretending to represent that house and receiving money for the same, is *a swindler*, they having no person in their employ of this or a similar name.

DR. M. J. DEROSSET, one of the editors of the North Carolina Medical Journal, has removed his residence from New York City to San Antonio, Texas. Dr. DeRosset is an accomplished scholar and physician, and has our best wishes for success in his new home.

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